

Day : Thursday  
Date: 3/15/2007

Time: 16:04:36

 **PALM INTRANET**

## Inventor Name Search Result

Your Search was:

Last Name = UOTANI

First Name = KAZUMICHI

Application#	Patent#	Status	Date Filed	Title	Inventor Name
<u>08025344</u>	<u>5356805</u>	150	03/03/1993	GAMMA-POLYGLUTAMATE HYDROLASE	UOTANI, KAZUMICHI
<u>10579731</u>	Not Issued	30	05/17/2006	Sialogogue, oral composition and fool product containing the same	UOTANI, KAZUMICHI

**Inventor Search Completed: No Records to Display.**

**Search Another: Inventor**

<b>Last Name</b>	<b>First Name</b>	
<input type="text" value="Uotani"/>	<input type="text" value="Kazumichi"/>	<input type="button" value="Search"/>

To go back use Back button on your browser toolbar.

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Day : Thursday

Date: 3/15/2007

Time: 16:05:01

PALM INTRANET

**Inventor Name Search Result**

Your Search was:

Last Name = KUBOTA

First Name = HIDETOSHI

Application#	Patent#	Status	Date Filed	Title	Inventor Name
<a href="#">07653222</a>	<a href="#">5118784</a>	150	02/08/1991	POLY-GAMMA-GLUTAMIC ACID ESTER AND SHAPED BODY THREROF	KUBOTA, HIDETOSHI
<a href="#">09926084</a>	<a href="#">7041486</a>	150	08/27/2001	NOVEL ENZYME HAVING DECOLORIZING ACTIVITY AND METHOD FOR DECOLORIZING DYES BY USING THE SAME	KUBOTA, HIDETOSHI
<a href="#">10380420</a>	Not Issued	90	12/16/2004	METHOD OF DEINKING WASTE PAPER USING CELLULASE WITHOUT LOWERING PAPER STRENGTH AND METHOD OF EVALUATING THE SAME	KUBOTA, HIDETOSHI
<a href="#">10432290</a>	Not Issued	83	05/20/2003	Zygomycetes-derived endoglucanase enzyme lacking cellulose-binding domain	KUBOTA, HIDETOSHI
<a href="#">10498778</a>	<a href="#">7138261</a>	150	06/15/2004	CELLULASE PREPARATIONS CONTAINING REDUCING AGENT AND METHOD OF PROCESSING FIBER	KUBOTA, HIDETOSHI
<a href="#">10547330</a>	Not Issued	25	09/01/2005	Transgenic plants modified to accumulate fructooligosaccharides and production thereof	KUBOTA, HIDETOSHI
<a href="#">10579731</a>	Not Issued	30	05/17/2006	Sialogogue, oral composition and fool product containing the same	KUBOTA, HIDETOSHI
<a href="#">10581717</a>	Not Issued	25	06/05/2006	Endoglucanase stce and cellulase preparation containing the same	KUBOTA, HIDETOSHI

Inventor Search Completed: No Records to Display.

Search Another: Inventor	Last Name	First Name	Search
	<input type="text" value="Kubota"/>	<input type="text" value="Hidetoshi"/>	

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Day : Thursday  
Date: 3/15/2007

Time: 16:05:26

 **PALM INTRANET****Inventor Name Search Result**

Your Search was:

Last Name = ENDOU

First Name = HIROYA

Application#	Patent#	Status	Date Filed	Title	Inventor Name
<a href="#">09406787</a>	Not Issued	161	09/28/1999	DEVICE AND METHOD OF DETERMINING QUALITY OF RADIO COMMUNICATION IN A MOBILE COMMUNICATION SYSTEM	ENDOU, HIROYA
<a href="#">09610771</a>	<a href="#">6571098</a>	150	07/06/2000	SYSTEM, DEVICE AND METHOD FOR MOBILE RADIO COMMUNICATION EMPLOYING SELECTION PROCESS CAPABLE OF DECREASING DATA BUFFERING DELAY	ENDOU, HIROYA
<a href="#">10579731</a>	Not Issued	30	05/17/2006	Sialogogue, oral composition and fool product containing the same	ENDOU, HIROYA

**Inventor Search Completed:** No Records to Display.


**Search Another: Inventor**

<b>Last Name</b>	<b>First Name</b>	
<input type="text" value="Endou"/>	<input type="text" value="Hiroya"/>	<input type="button" value="Search"/>

To go back use Back button on your browser toolbar.

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Day : Thursday  
Date: 3/15/2007

 **PALM INTRANET**

Time: 16:05:49

**Inventor Name Search Result**

Your Search was:

Last Name = TOKITA

First Name = FUMIHIKO

Application#	Patent#	Status	Date Filed	Title	Inventor Name
<u>10579731</u>	Not Issued	30	05/17/2006	Sialogogue, oral composition and fool product containing the same	TOKITA, FUMIHIKO

**Inventor Search Completed: No Records to Display.**

<b>Search Another: Inventor</b>	<b>Last Name</b>	<b>First Name</b>	<input type="button" value="Search"/>
	<input type="text" value="Tokita"/>	<input type="text" value="Fumihiko"/>	

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## EAST Search History

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	4405	polyglutamic adj acid	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:43
L2	1351	polyglutamate	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:43
L3	5584	L1 or L2	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:43
L4	2893	L3 and @pd<="20031119"	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:44
L5	0	L4 and sialogogue	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:44
L6	0	L4 and aliva	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:44
L7	173	L4 and saliva	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:45
L8	13	L4 and xerostomia	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 08:55
L9	88	L4 and toothpaste	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:56
L10	38	L4 and (food adj2 additive)	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 08:07
L11	1	L4 and (polyglutam\$ adj2 additive)	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:47

## EAST Search History

L12	33	sialogogue	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:59
L13	1	L12 and glutamic	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 07:59
L14	3	L12 and glutamate	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:03
L15	5	L12 and glutamine	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 08:02
L16	36	L4 and (food adj additive)	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 08:07
L17	0	L4 and drymouth	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 08:56
L18	27	L4 and salivat\$	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:01
L19	0	"polyglutamic.clm"	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:01
L20	0	"microcapsule.clm"	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:03
L21	0	L14 and "microcapsule.clm"	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:05
L22	350	polyglutamic.clm.	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:05
L23	1	L22 and xerostomia	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:08

## EAST Search History

L24	169	L4 and (chewing adj gum)	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:09
L25	3	L24 and (dry adj mouth)	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:55
L26	0	L24 and (dryness adj3 mouth)	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:10
L27	3571	yue.in.	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:56
L28	1141	mitra.in.	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:56
L29	69110	yang.in.	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:56
L30	10	L27 and L28	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 10:05
L31	1	L30 and L29	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 09:56



## EAST Search History

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	4405	polyglutamic adj acid	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 11:46
L2	1351	polyglutamate	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 11:46
L3	5584	L1 or L2	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 11:46
L4	2893	L3 and @pd<="20031119"	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 11:46
L5	28	L4 and (dietary near3 supplement)	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 11:52
L6	19	L4 and (food adj supplement)	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 11:54
L7	2266	L1 and @pd<="20031119"	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 11:56
L8	8	L6 and dietary	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 11:56
L9	75	L7 and dietary	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 11:57
L10	31	L9 and supplement	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 12:00
L11	1153	L7 and oral	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 12:00

## EAST Search History

L12	69	L7 and dentifrice	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 12:00
L13	11	L7 and xerostomia	US-PGPUB; USPAT; USOCR; DERWENT	OR	ON	2007/03/15 12:01

Uotani 10 579 731 = sialogogue polyglutamic acid

LOGINID:SSPTAHPY1654

\* \* \* \* \* STN Columbus \* \* \* \* \*

FILE 'HOME' ENTERED AT 10:43:03 ON 15 MAR 2007

=> file biosis embase medline

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

0.21

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FILE 'BIOSIS' ENTERED AT 10:43:21 ON 15 MAR 2007

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FILE 'EMBASE' ENTERED AT 10:43:21 ON 15 MAR 2007

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FILE 'MEDLINE' ENTERED AT 10:43:21 ON 15 MAR 2007

=> s sialogogue

L1 107 SIALOGOGUE

=> s L1 and polyglutamic

L2 0 L1 AND POLYGLUTAMIC

=> s L1 and polyglutamate

L3 0 L1 AND POLYGLUTAMATE

=> s xerostomia

L4 18437 XEROSTOMIA

=> s L4 and polyglutamic

L5 0 L4 AND POLYGLUTAMIC

=> s L4 and polyglutamate

L6 0 L4 AND POLYGLUTAMATE

=> s L1 or L4

L7 18515 L1 OR L4

=> s L7 and polypeptide

L8 32 L7 AND POLYPEPTIDE

=> s L8 and pd<2004

L9 24 L8 AND PD<2004

=> dup rem L9

PROCESSING COMPLETED FOR L9

L10 19 DUP REM L9 (5 DUPLICATES REMOVED)

=> d L10 1-10 bib abs

L10 ANSWER 1 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

AN 2003276963 EMBASE

TI Drug strategies for the treatment of obesity.

AU Alemany M.; Remesar X.; Fernandez-Lopez J.-A.

CS J.-A. Fernandez-Lopez, Ctr. Esp. Recer. Nutr. Cie. Aliments, Facultat de Biologia, Universitat de Barcelona, E-08028 Barcelona, Spain.

josfernandez@ub.edu  
 SO IDrugs, (1 Jun 2003) Vol. 6, No. 6, pp. 566-572. .  
 Refs: 88  
 ISSN: 1369-7056 CODEN: IDRUFN  
 CY United Kingdom  
 DT Journal; General Review  
 FS 029 Clinical Biochemistry  
 037 Drug Literature Index  
 030 Pharmacology  
 003 Endocrinology  
 038 Adverse Reactions Titles  
 LA English  
 SL English  
 ED Entered STN: 24 Jul 2003  
 Last Updated on STN: 24 Jul 2003  
 AB There are three major classes of drugs for the treatment of obesity: (i) inhibitors of food intake, which reduce hunger perception and, consequently, food intake; the most representative are centrally acting neurotransmitters and intestinal or neural satiety peptides; (ii) inhibitors of nutrient absorption, which reduce energy disposal through a peripheral gastrointestinal mechanism; and (iii) thermogenic drugs, which increase energy expenditure. At present, there are only two drugs for long-term use: sibutramine, an inhibitor of both serotonin and norepinephrine reuptake, and orlistat, a lipase inhibitor that targets pancreatic lipases and reduces absorption of dietary fat. New treatments and better drugs are expected in the near future because of the rapid expansion of research in body-weight regulation mechanisms.

L10 ANSWER 2 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN  
 AN 2003099914 EMBASE  
 TI The emerging science of body weight regulation and its impact on obesity treatment.  
 AU Korner J.; Aronne L.J.  
 CS J. Korner, Columbia Univ. Coll. of Phys./Surg., Black Building, 630 West 168th Street, New York, NY 10032, United States. jk18I@columbia.edu  
 SO Journal of Clinical Investigation, (2003) Vol. 111, No. 5, pp. 565-570. .  
 Refs: 26  
 ISSN: 0021-9738 CODEN: JCINAO  
 CY United States  
 DT Journal; Article  
 FS 003 Endocrinology  
 029 Clinical Biochemistry  
 036 Health Policy, Economics and Management  
 037 Drug Literature Index  
 038 Adverse Reactions Titles  
 LA English  
 ED Entered STN: 3 Apr 2003  
 Last Updated on STN: 3 Apr 2003  
 DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L10 ANSWER 3 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN  
 AN 2003349098 EMBASE  
 TI Radioprotection of normal tissue to improve radiotherapy: The effect of the Bowman Birk protease inhibitor.  
 AU Dittman K.H.; Mayer C.; Rodemann H.P.  
 CS K.H. Dittmann, Section of Radiobiology, Molecular Environmental Research, Dept. of Radiation Oncology, Rontgenweg 11, 72076 Tübingen, Germany. klaus.dittmann@uni-tuebingen.de  
 SO Current Medicinal Chemistry - Anti-Cancer Agents, (2003) Vol. 3, No. 5, pp. 360-363. .

Refs: 48  
 ISSN: 1568-0118 CODEN: CMCACI

CY Netherlands  
 DT Journal; General Review  
 FS 014 Radiology  
 016 Cancer  
 030 Pharmacology  
 037 Drug Literature Index  
 038 Adverse Reactions Titles

LA English  
 SL English

ED Entered STN: 11 Sep 2003  
 Last Updated on STN: 11 Sep 2003

AB Specific radioprotection of normal tissue represents a promising approach to improve radiotherapy. The ultimate feature of a normal tissue selective radioprotector is that tumor tissue is excluded from protection. Radioprotectors of the current generation, such as Ethylol, are not explicit normal tissue specific. In contrast, the Bowman Birk protease inhibitor, which is known to prevent in vitro and in vivo radiation-induced carcinogenesis, was found to be normal tissue specific. Moreover, the molecular restrictions for this specificity were identified. The radioprotective effect is dependent upon the presence of a functional wt. TP53. Since a high amount of tumors have lost TP53 function during tumor development, the clinical application of BBI to protect normal tissue from radiation damage-would effectively improve the therapeutic outcome of radiation therapy. We succeeded to identify stimulation of DNA-repair mechanisms, such as nucleotide excision repair (NER) and nonhomologous end joining (NHEJ), as molecular mode of action. These results are in good agreement with the observations that BBI concomitantly exhibits anticarcinogenic effect and radioprotective effects. Taken together, BBI is recommended as a radioprotector for normal tissue expressing wild type TP53 during treatment of tumors characterized by a mutant TP53.

L10 ANSWER 4 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

AN 2003353919 EMBASE  
 TI Clinical pharmacology of old age syndromes.  
 AU Broadhurst C.; Wilson K.C.M.; Kinirons M.T.; Wagg A.; Dhesi J.K.  
 CS Dr. C. Broadhurst, EMI Academic Unit, St. Catherine's Hospital, Church Road, Birkenhead, Merseyside CH42 0LQ, United Kingdom.  
 caroline@broadhurst29.freemove.co.uk

SO British Journal of Clinical Pharmacology, (1 Sep 2003) Vol. 56, No. 3, pp. 261-272. .  
 Refs: 169  
 ISSN: 0306-5251 CODEN: BCPHBM

CY United Kingdom  
 DT Journal; General Review  
 FS 020 Gerontology and Geriatrics  
 037 Drug Literature Index  
 038 Adverse Reactions Titles

LA English  
 SL English

ED Entered STN: 18 Sep 2003  
 Last Updated on STN: 18 Sep 2003

AB Several syndromes occur in old age. They are often associated with increased mortality and in all there is a paucity of basic and clinical research. The recent developments in the clinical pharmacology of three common syndromes of old age (delirium, urinary incontinence, and falls) are discussed along with directions for future research.

L10 ANSWER 5 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN  
 DUPLICATE 1

AN 2002300668 EMBASE  
 TI Tissue engineering of human salivary gland organoids.  
 AU Bucheler M.; Wirz C.; Schutz A.; Bootz F.  
 CS Dr. M. Bucheler, Dept. Otolaryngol. - Hd./Neck Surg., University of  
 Leipzig, Liebigstrasse 18a, DE-04103 Leipzig, Germany.  
 buechm@medizin.uni-leipzig.de  
 SO Acta Oto-Laryngologica, (2002) Vol. 122, No. 5, pp. 541-545. .  
 Refs: 15  
 ISSN: 0001-6489 CODEN: AOLAAJ  
 CY Norway  
 DT Journal; Article  
 FS 011 Otorhinolaryngology  
 014 Radiology  
 027 Biophysics, Bioengineering and Medical Instrumentation  
 LA English  
 SL English  
 ED Entered STN: 5 Sep 2002  
 Last Updated on STN: 5 Sep 2002  
 AB Radiation therapy for malignant head and neck tumours is mainly  
 responsible for inadvertent damage of the salivary glands.  
 Xerostomia is the major symptom of this condition, with consequent  
 mucositis, dental caries, dysphagia and nutritional deficits. At present  
 there is no routine treatment for radiation-induced salivary dysfunction.  
 Based on the principles of tissue engineering, this study presents a new  
 experimental concept for reconstituting salivary gland function after  
 radiation therapy for head and neck cancer. Human parotid cells were  
 cultured with two different types of commercially available microcarriers  
 - Cytodex 3 and Cytopore 1 - for up to 3 weeks in vitro. Cultures were  
 controlled daily by means of inverted microscopy. Medium samples were  
 tested for alpha-amylase, tissue polypeptide antigen (TPA) and  
 S100 in order to control parotid cell function in vitro. The vitality of  
 the cells was investigated by in vitro staining with erythrosine.  
 Immunocytochemical analysis for amylase and cytokeratin was performed in  
 order to confirm epithelial character and maintain acinar cell type.  
 Parotid gland cells could be cultured in a differentiated and vital state  
 on both types of microcarriers for up to 3 weeks. Almost all of the  
 cultured cells exhibited immunoreactivity for cytokeratin. High  
 concentrations of TPA, a specific marker for salivary duct epithelium,  
 indicated persistent differentiation of this cell type in vitro.  
 Positivity for amylase was detectable in 20-45% of cells growing on the  
 microcarriers, and especially on Cytodex 3. Decreasing amylase levels in  
 the culture medium indicated functional deficiencies of the remaining  
 acinar cells. Tissue engineering of human salivary gland organoids on  
 microcarriers is a new approach for potential causative treatment of  
 radiation-induced xerostomia. Before clinical application can  
 be considered significant improvements in the in vitro cultivation of  
 salivary gland tissue and scaffold design have to be realized.

L10 ANSWER 6 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights  
 reserved on STN DUPLICATE 2  
 AN 2001302558 EMBASE  
 TI Reduction of incretin-like salivatin in saliva from patients with type 2  
 diabetes and in parotid glands of streptozotocin-diabetic BALB/c mice.  
 AU Kimura I.; Sasamoto H.; Sasamura T.; Sugihara Y.; Ohgaku S.; Kobayashi M.  
 CS I. Kimura, Department of Clinical Pharmacology, Grad. Schl. Pharmaceutical  
 Sciences, Toyama Medical/Pharmaceutical Univ., 2630 Sugitani, Toyama  
 930-0194, Japan. ikukokim@ms.toyama-mpu.ac.jp  
 SO Diabetes, Obesity and Metabolism, (2001) Vol. 3, No. 4, pp.  
 254-258. .  
 Refs: 24  
 ISSN: 1462-8902 CODEN: DOMEF6  
 CY United Kingdom  
 DT Journal; Article

FS 003 Endocrinology  
 005 General Pathology and Pathological Anatomy  
 006 Internal Medicine  
 011 Otorhinolaryngology  
 029 Clinical Biochemistry  
 037 Drug Literature Index  
 LA English  
 SL English  
 ED Entered STN: 13 Sep 2001  
 Last Updated on STN: 13 Sep 2001  
 AB Aim: Diabetic xerostomia is a typical syndrome in diabetic complication. We have reported that salivatin (salivary peptide P-C) derived from human saliva potentiates glucose-stimulated insulin release and inhibits arginine-stimulated glucagon release. The present study is aimed to gain further evidence on the physiological role by investigating the diabetic state-induced change in the amount of salivatin. Methods: The amount of salivatin was measured in saliva taken from patients with type 2 diabetes with ELISA and with rabbit antiserum against human salivatin immunocytochemically in sections of parotid glands from streptozotocin-diabetic BALB/c mice. Results: The amount of salivatin after a meal was reduced by diabetes in both human saliva and in the serous secretory granule of mouse parotid gland acinar cells. Conclusions: The above results suggest that salivatin lowers hyperglycaemia after meal and sustains the normal blood glucose levels by incretin-like mechanisms. The function may be damaged by diabetes, and this in turn might make the diabetes worse.

L10 ANSWER 7 OF 19 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
 AN 2001:177039 BIOSIS  
 DN PREV200100177039  
 TI Differentiation of human parotid tissue cultured with collagen foil in vitro.  
 AU Buecheler, M. [Reprint author]; Schuetz, A.; Raeber, G.; Wirz, C. [Reprint author]; Bootz, F. [Reprint author]  
 CS Department of Otolaryngology, Head and Neck Surgery, University of Leipzig, Leipzig, Germany  
 SO Tissue Engineering, (December, 2000) Vol. 6, No. 6, pp. 688. print.  
 Meeting Info.: Third Biennial Meeting of the Tissue Engineering Society. Orlando, Florida, USA. November 30-December 03, 2000. Tissue Engineering Society.  
 ISSN: 1076-3279.  
 DT Conference; (Meeting)  
 Conference; Abstract; (Meeting Abstract)  
 Conference; (Meeting Poster)  
 LA English  
 ED Entered STN: 11 Apr 2001  
 Last Updated on STN: 18 Feb 2002

L10 ANSWER 8 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN  
 AN 2000037773 EMBASE  
 TI Medical treatment of erectile dysfunction.  
 AU Manecke R.G.; Mulhall J.P.  
 CS Dr. J.P. Mulhall, Department of Urology, Loyola University Medical Center, Bldg. 154, 2160 South 1st Avenue, Maywood, IL 60657, United States. jmulhal@wpo.it.luc.edu  
 SO Annals of Medicine, (1999) Vol. 31, No. 6, pp. 388-398. .  
 Refs: 69  
 ISSN: 0785-3890 CODEN: ANMDEU  
 CY United Kingdom  
 DT Journal; General Review  
 FS 006 Internal Medicine

028 Urology and Nephrology  
037 Drug Literature Index  
038 Adverse Reactions Titles

LA English  
SL English  
ED Entered STN: 3 Feb 2000  
Last Updated on STN: 3 Feb 2000

AB Erectile dysfunction (ED) is defined as the consistent inability to obtain or maintain an erection for satisfactory sexual relations. Data from the Massachusetts Male Aging Study have indicated that the prevalence of erectile dysfunction of any degree is 39% in 40-year old men, and 67% in those aged 70 years. Effective therapy has been available for some time, but it has commonly involved surgery, external devices or penile self-injection. For many men, these represent unacceptable barriers to seeking therapy. Recently, however, an effective oral medication has become available. This article reviews the physiology and pharmacology of ED. The literature currently available on the effectiveness and safety of various drugs used for ED is summarized, with particular attention to newly available oral agents. Guidelines for work-up and drug treatment of patients with ED are given. Detailed history and physical examination are crucial to the safe and effective treatment of men with erectile impotence. An extensive review of the literature shows that based on safety, effectiveness and ease of use, oral sildenafil citrate is an excellent choice for first-line therapy. Patients who use organic nitrates of any kind in any capacity should not be offered sildenafil. Based solely on effectiveness intracavernosal injection therapy remains the golden standard and should also be offered as an option for first-line therapy for the appropriate patients. Many alternatives are available for men who cannot use sildenafil or injection therapy. A thorough knowledge of existing medications is essential for proper treatment of ED.

L10 ANSWER 9 OF 19 MEDLINE on STN  
AN 2000444055 MEDLINE  
DN PubMed ID: 10992884  
TI [Value of new agonists of the acinar and ductal phases of exocrine secretions].  
Contribution a l'etude de nouveaux agonistes de la phase acinaire et de la phase ductale des secretions exocrines.  
AU Dehay J P  
CS Service de Biochimie generale et humaine, Universite libre de Bruxelles.  
SO Bulletin et memoires de l'Academie royale de medecine de Belgique,  
(1999) Vol. 154, No. 6 Pt 2, pp. 355-61.  
Journal code: 7608462. ISSN: 0377-8231.  
CY Belgium  
DT (ENGLISH ABSTRACT)  
Journal; Article; (JOURNAL ARTICLE)  
LA French  
FS Priority Journals  
EM 200010  
ED Entered STN: 12 Oct 2000  
Last Updated on STN: 12 Oct 2000  
Entered Medline: 5 Oct 2000

AB Exocrine secretions proceed in two phases which can be studied individually in submandibular glands. We have investigated the response to neuropeptides and purinergic agonists of rat submandibular glands. Pituitary Adenylate Cyclase Activating Peptide (PACAP), an analog of VIP increased the intracellular concentration of cyclic AMP in acinar cells. PACAP also stimulated the activity of the Na(+)-K(+)-2Cl(-)-cotransporter. Extracellular ATP increased the [Ca2+]i in ductal cells. Two distinct receptors were involved in this response. A metabotropic purinergic receptor of the P2Y1 type raised the cellular concentration of IP3 after activating a phospholipase C. The second component of the purinergic response involved an ionotropic P2X7 receptor. After binding an agonist,



this receptor formed a non-specific cation channel permeant to calcium and manganese, highly sensitive to inhibition by nickel. Two phospholipases A2 were activated following the occupancy of this receptor. The calcium-independent enzyme triggered kallikrein secretion in response to extracellular ATP. In conclusion, neuropeptides and purinergic agonists activate the acinar and ductal phases of the salivary secretion and are therefore promising candidates for the development of new sialagogues for therapeutic use.

L10 ANSWER 10 OF 19 MEDLINE on STN  
 AN 1999359145 MEDLINE  
 DN PubMed ID: 10432198  
 TI Oral and ocular sicca symptoms and findings are prevalent in systemic lupus erythematosus.  
 AU Jensen J L; Bergem H O; Gilboe I M; Husby G; Axell T  
 CS Department of Oral Surgery and Oral Medicine, Faculty of Dentistry, University of Oslo, Norway.  
 SO Journal of oral pathology & medicine : official publication of the International Association of Oral Pathologists and the American Academy of Oral Pathology, (1999 Aug) Vol. 28, No. 7, pp. 317-22.  
 Journal code: 8911934. ISSN: 0904-2512.  
 CY Denmark  
 DT Journal; Article; (JOURNAL ARTICLE)  
 (RESEARCH SUPPORT, NON-U.S. GOV'T)  
 LA English  
 FS Dental Journals; Priority Journals  
 EM 199909  
 ED Entered STN: 12 Oct 1999  
 Last Updated on STN: 12 Oct 1999  
 Entered Medline: 27 Sep 1999  
 AB The aims of this study were 1) to examine the frequency of oral and ocular sicca symptoms in patients with systemic lupus erythematosus (SLE); 2) to compare saliva and tear volume, salivary proteins, and features of the oral microflora and mucosa to a matched healthy control group; and 3) to relate the findings to disease parameters. Median disease duration was 5.5 (0.5-28) years, disease activity 5 (2-20), damage score 1 (0-7), and Schirmer I test 7.5 (0-30 mm). Seventeen and twelve patients complained of oral and ocular dryness, respectively. Unstimulated whole saliva and proline-rich proteins in submandibular saliva were significantly reduced in SLE. Oral microbial counts were generally higher in the patients than controls, and the number of oral mucosal changes was increased. The results show that sicca symptoms, although frequent, were not correlated to secretory rates of saliva or tears, but to oral microbial counts. There was no obvious correlation to patient's age, disease activity or duration.

=> d L10 11-19 bib abs

L10 ANSWER 11 OF 19 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN DUPLICATE 3  
 AN 1999:447676 BIOSIS  
 DN PREV199900447676  
 TI Sensory stimulation (acupuncture) increases the release of calcitonin gene-related peptide in the saliva of xerostomia sufferers.  
 AU Dawidson, I. [Reprint author]; Angmar-Mansson, B.; Blom, M.; Theodorsson, E.; Lundeborg, T.  
 CS Department of Cariology, Department of Odontology, Karolinska Institutet, S-141 04, Huddinge, Sweden  
 SO Neuropeptides, (June, 1999) Vol. 33, No. 3, pp. 244-250. print.  
 CODEN: NRPPDD. ISSN: 0143-4179.  
 DT Article  
 LA English

ED Entered STN: 26 Oct 1999  
 Last Updated on STN: 26 Oct 1999

AB Over the last decade, several patients afflicted with xerostomia have been treated with acupuncture. Their salivary flow rates increased significantly and the improvement lasted during a long observation period. We also found that the release of several neuropeptides in the saliva of healthy subjects can be increased by acupuncture stimulation. The concentration of vasoactive intestinal polypeptide increased significantly in the saliva of xerostomic patients after acupuncture treatment. The release of the neuropeptide calcitonin gene-related peptide (CGRP) was investigated in the saliva of xerostomic patients in order to elucidate further the mechanisms of the effect of sensory stimulation (acupuncture) on the salivary secretion. CGRP-like immunoreactivity was measured with radioimmunoassay (RIA) before and after a double series of acupuncture treatment, in stimulated saliva of 14 patients who suffered from xerostomia. The results showed that the concentration of CGRP increased significantly ( $P < 0.001$ ) in the saliva of these patients after the end of acupuncture treatment as compared to base-line levels. Taking into consideration the influence of CGRP on the salivary flow, as well as its trophic effect, we concluded that the increased release of CGRP could be one of the factors that affect positively the salivary flow rates of xerostomic patients who were treated with acupuncture.

L10 ANSWER 12 OF 19 MEDLINE on STN  
 AN 1999451707 MEDLINE  
 DN PubMed ID: 10522209  
 TI Primary Sjogren's syndrome: salivary gland function and clinical oral findings.  
 AU Pedersen A M; Reibel J; Nordgarden H; Bergem H O; Jensen J L; Nauntofte B  
 CS Department of Oral Function and Physiology, School of Dentistry, University of Copenhagen, Denmark.. Anne.Marie.Pedersen@ODONT.KU.DK  
 SO Oral diseases, (1999 Apr) Vol. 5, No. 2, pp. 128-38.  
 Journal code: 9508565. ISSN: 1354-523X.  
 CY ENGLAND: United Kingdom  
 DT Journal; Article; (JOURNAL ARTICLE)  
 (RESEARCH SUPPORT, NON-U.S. GOV'T)  
 LA English  
 FS Dental Journals  
 EM 199910  
 ED Entered STN: 1 Nov 1999  
 Last Updated on STN: 1 Nov 1999  
 Entered Medline: 20 Oct 1999

AB OBJECTIVE: To evaluate salivary gland function, saliva composition and oral findings in patients with primary Sjogren's syndrome (pSS) subdivided into patients with and without focus score  $> \text{or} = 1$  (FS) and/or antibodies to SSA/SSB (AB) as well as in healthy controls. SUBJECTS AND METHODS: Unstimulated (UWS) and chewing stimulated (SWS) whole saliva, and stimulated parotid saliva (SPS) were collected in 16 patients fulfilling the European classification criteria for pSS subdivided into those with FS and/or AB ( $n = 8$ ) and those without FS and AB ( $n = 8$ ), and in age-matched ( $n = 14$ ) and young healthy controls ( $n = 13$ ). UWS and SWS were analysed for  $\text{Na}^+$  and  $\text{K}^+$ . SPS was analysed for  $\text{Na}^+$ ,  $\text{K}^+$ , statherin, and proline-rich proteins (PRPs). Sicca symptoms, DMFT/DMFS, plaque (PI) and gingival (GI) scores, periodontal pocket depth (PPD), and mucosal status were recorded. RESULTS: The young healthy controls had lower UWS as compared to the aged controls ( $P = 0.03$ ). However, the aged controls had higher DMFT/DMFS ( $P < 0.001$ ) and PI, GI and PPD ( $P < 0.01$ ). Patients with FS and/or AB generally had lower saliva secretory rates than patients without FS and/or AB ( $P = 0.01$  for UWS and SPS) and age-matched healthy controls ( $P = 0.001$ ). There was no significant difference in the content of  $\text{Na}^+$  and  $\text{K}^+$ , statherin and PRPs between groups. Patients with FS and/or AB had the highest frequency of oral mucosal changes and higher DMFT/DMFS than

patients without FS and/or AB and healthy controls ( $P < 0.01$ ). However, PI, GI, and PPD did not differ significantly. CONCLUSION: Patients with FS and/or AB had lower salivary secretory rates, higher DMFT/DMFS, and more oral mucosal changes than patients without FS and/or AB. Additionally, data suggest that salivary gland function in healthy individuals do not decrease with age.

- L10 ANSWER 13 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
- AN 2000063364 EMBASE
- TI Acute watery diarrhea as the initial presenting feature of a pheochromocytoma in an 84-year-old female patient.
- AU Van Eeckhout P.; Shungu H.; Descamps F.-X.; Lanthier P.; Castelain T.; Saey J.-P.; Rettman R.; Drese C.; Colin I.M.
- CS Dr. I.M. Colin, Division of Endocrinology, Department of Internal Medicine, CHR-St Joseph Medical Center-Mons, 5 Av. Baudouin de Constantinople, B-7000 Mons, Belgium. colin@diab.ucl.ac.be
- SO Hormone Research, (1999) Vol. 52, No. 2, pp. 101-106. .
- Refs: 21
- ISSN: 0301-0163 CODEN: HRMRA3
- CY Switzerland
- DT Journal; Article
- FS 003 Endocrinology
- LA English
- SL English
- ED Entered STN: 2 Mar 2000
- Last Updated on STN: 2 Mar 2000
- AB We report the case of an 84-year-old woman who was initially admitted to the emergency room of our institution for frank dehydration caused by acute and severe secretory diarrheas along with acidosis and hypokalemia. After extensive gastrointestinal investigations, the etiology of the diarrhea remained unclear. Because clinical symptoms and ionogram parameters worsened, despite intravenous fluids and electrolyte replacement, an abdominal CT scan was performed and unexpectedly revealed a 4.5-cm mass in the right adrenal gland. Several separate 24-hour urine catecholamines were shown to be highly elevated. The diagnosis of pheochromocytoma was confirmed by MIBG scintigraphy and MRI. Before the admission, the patient never experienced symptoms suggestive of pheochromocytoma, except dry mouth and fear of impending death on several occasions. After 2 weeks, the diarrhea stopped abruptly and spontaneously without specific medication but after adequate rehydration. The patient subsequently underwent surgical removal of the adrenal medullary mass. Postoperatively, urinary catecholamines returned to normal values. Immunohistochemical study of the tumor confirmed the diagnosis of pheochromocytoma and revealed the presence of VIP-positive cells organized as islets in scattered areas of the tissue. This case illustrates the protean mode of presentation of pheochromocytoma, as well as the ability of medullary neural crest-derived cells to produce various neuropeptides potentially responsible for a large variety of symptoms. Copyright (C) 2000 S. Karger AG, Basel.
- L10 ANSWER 14 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
- AN 1998277429 EMBASE
- TI Release of neuropeptides in the saliva of healthy subjects.
- AU Dawidson I.; Angmar-Mansson B.; Blom M.; Theodorsson E.; Lundeborg T.
- CS I. Dawidson, Department of Cariology, Faculty of Odontology, Karolinska Institutet, S-141 04 Huddinge, Sweden. Irena.Dawidson@ofa.ki.se
- SO Life Sciences, (17 Jul 1998) Vol. 63, No. 8, pp. 659-674. .
- Refs: 50
- ISSN: 0024-3205 CODEN: LIFSAK
- PUI S 0024-3205(98)00317-8
- CY United States

DT Journal; Article  
 FS 002 Physiology  
 011 Otorhinolaryngology  
 LA English  
 SL English  
 ED Entered STN: 24 Sep 1998  
 Last Updated on STN: 24 Sep 1998  
 AB In recent studies we have shown that xerostomia (dry mouth) can be treated successfully with sensory stimulation (acupuncture). The increase of saliva secretion lasted often for at least one year. Some neuropeptides have been found to influence the secretion of saliva. The aim of this study was to investigate the mechanisms behind the effect of acupuncture on salivary secretion by measuring the release of neuropeptides in saliva under the influence of sensory stimulation. VIP-like immunoreactivity (VIP-LI), NPY-LI, SP-LI, CGRP-LI and NKA-LI were analysed in the saliva of eight healthy subjects. Manual acupuncture and acupuncture with low-frequency electrical stimulation (2 Hz) were used. The saliva was collected during 20 minutes before the start of acupuncture stimulation, then during 20 minutes while the needles were in situ and then for another 20 minutes after the needles were removed. Four different saliva sampling techniques were used: whole resting saliva, whole saliva stimulated by paraffin-chewing, whole saliva stimulated by citric acid (1%), and parotid saliva, also stimulated with citric acid (1%). The results showed significant increases in the release of CGRP, NPY and VIP both during and after acupuncture stimulation, especially in connection with electro-acupuncture SP showed only few increases, mainly in connection with electro-acupuncture, whereas NKA generally was unaffected by the acupuncture stimulation. The sensory stimulation-induced increase in the release of CGRP, NPY and VIP in the saliva could be an indication of their role in the improvement of salivary flow rates in xerostomic patients who had been treated with acupuncture.

L10 ANSWER 15 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN DUPLICATE 4  
 AN 1999007953 EMBASE  
 TI Sensory stimulation (acupuncture) increases the release of vasoactive intestinal polypeptide in the saliva of xerostomia sufferers.  
 AU Dawidson I.; Angmar-Mansson B.; Blom M.; Theodorsson E.; Lundberg T.  
 CS I. Dawidson, Department of Cariology, Karolinska Institutet, Box 4064, S-141 04 Huddinge, Sweden. Irena.Dawidson@ofa.ki.se  
 SO Neuropeptides, (1998) Vol. 32, No. 6, pp. 543-548. .  
 Refs: 56  
 ISSN: 0143-4179 CODEN: NRPPDD  
 CY United Kingdom  
 DT Journal; Article  
 FS 002 Physiology  
 011 Otorhinolaryngology  
 LA English  
 SL English  
 ED Entered STN: 4 Feb 1999  
 Last Updated on STN: 4 Feb 1999  
 AB We have shown in earlier studies that xerostomia can be treated successfully with acupuncture. We also found that acupuncture stimulation can increase the concentration of neuropeptides in the saliva of healthy subjects. In this study, the concentration of the neuropeptide vasoactive intestinal polypeptide (VIP) was measured in the saliva of xerostomic patients in connection with acupuncture treatment (AP). Patients suffering from xerostomia caused by irradiation treatment, Sjogren's syndrome and other systemic disorders had been treated with acupuncture. Some of these patients showed an increase of their salivary flow rates after the AP was completed. Seventeen patients out of 65 were chosen due to their ability to produce enough saliva for

the radio immunoassay (RIA) analyses to be conducted prior to the start of AP. VIP-like immunoreactivity (VIP-LI) was measured in the chewing stimulated saliva of these patients before and after the whole AP (24 sessions of 30 min each). The results showed that there was a significant increase of the concentration of VIP after the AP as compared to the measurements made before the start of the treatment ( $p < 0.05$ ). We concluded that the increase of neuropeptide VIP might be one of the mechanisms behind the positive effect of acupuncture on the salivary flow rates of the xerostomic patients.

- L10 ANSWER 16 OF 19 MEDLINE on STN  
 AN 1998307192 MEDLINE  
 DN PubMed ID: 9643222  
 TI Characteristics of rheumatoid arthritis patients with self-reported sicca symptoms: evaluation of medical, salivary and oral parameters.  
 AU Jensen J L; Uhlig T; Kvien T K; Axell T  
 CS Department of Oral Surgery and Oral Medicine, Faculty of Dentistry, University of Oslo, Norway.  
 SO Oral diseases, (1997 Dec) Vol. 3, No. 4, pp. 254-61.  
 Journal code: 9508565. ISSN: 1354-523X.  
 CY ENGLAND: United Kingdom  
 DT (COMPARATIVE STUDY)  
 Journal; Article; (JOURNAL ARTICLE)  
 (RESEARCH SUPPORT, NON-U.S. GOV'T)  
 LA English  
 FS Dental Journals  
 EM 199807  
 ED Entered STN: 13 Jul 1998  
 Last Updated on STN: 13 Jul 1998  
 Entered Medline: 1 Jul 1998  
 AB OBJECTIVES: To examine the prevalence of sicca symptoms in rheumatoid arthritis (RA)-patients, and to evaluate medical, salivary, and oral parameters in matched subgroups of patients with and without sicca symptoms as well as in healthy controls. PATIENTS AND METHODS: The prevalence of self-reported sicca symptoms was examined by a postal questionnaire in a representative cohort of RA-patients (n = 105, aged 52-74 years, disease duration 10-20 years, 77% females, 56% RF-positive). Patient subgroups and controls (9-10 in each group) underwent examinations of disease activity, blood analyses, tests of tear and salivary secretion, and examination of oral mucosa and microflora. Analyses of salivary acidic proline-rich proteins (PRPs), statherin and histatins were performed. RESULTS: One or more sicca symptoms were reported by 65% of RA-patients. Sicca patients (having > or = 4 sicca symptoms) had a more active and severe disease with higher scores for disability, fatigue and tender joints than patients without such symptoms. Other significant findings in the sicca group were lower values of unstimulated whole saliva, output of PRPs, statherin and histatins in submandibular saliva, and higher counts of oral Candida species. CONCLUSIONS: Sicca symptoms were prevalent in RA. Qualitative and quantitative salivary tests distinguished between sicca and non-sicca RA-patients, though overlap was considerable for some parameters.
- L10 ANSWER 17 OF 19 MEDLINE on STN  
 AN 97074955 MEDLINE  
 DN PubMed ID: 8917382  
 TI Effects of ionizing irradiation and beta-adrenergic stimulation on gene expression pattern in rat submandibular glands.  
 AU Nagler R M; Nagler A  
 CS Oral Radiology Department, Hadassah University Hospital, Jerusalem, Israel.  
 SO Anticancer research, (1996 Sep-Oct) Vol. 16, No. 5A, pp. 2749-56.  
 Journal code: 8102988. ISSN: 0250-7005.

CY Greece  
 DT Journal; Article; (JOURNAL ARTICLE)  
 (RESEARCH SUPPORT, NON-U.S. GOV'T)  
 LA English  
 FS Priority Journals  
 EM 199612  
 ED Entered STN: 28 Jan 1997  
 Last Updated on STN: 3 Mar 2000  
 Entered Medline: 18 Dec 1996  
 AB Radiotherapy administrated to patients with head and neck malignancies and prior to bone marrow transplantation often results in severe xerostomia. We evaluated the expression of early response proto-oncogenes (c-fos and jun B), tissue specific genes (proline rich protein [PRP] and kallikrein), and proteolysis linked utiquitin gene following exposure to 15 Gy irradiation alone or in combination with beta-adrenergic stimulation of the rat submandibular glands. Head and neck irradiation resulted not only in dysfunction and tissue loss of the salivary glands but also in a systemic effect expressed as profound body weight loss. Irradiation alone was found to induce expression of the jun B but not the c-fos proto-oncogenes. The combination of irradiation and beta-adrenergic stimulation by isoproterenol induced earlier expression of jun B and profound expression of the c-fos proto-oncogene in comparison to irradiation alone. In contrast, the kallikrein and ubiquitin genes were expressed constitutively and were not affected by irradiation alone or in combination with beta-adrenergic stimulation. In addition, irradiation had no effect on submandibular gland mRNA translation. We observed that the expression of the genes whose regulation is associated with DNA damage (i.e. jun B and c-fos) was enhanced by irradiation alone or in combination with isoproterenol administration. In contrast, the expression of genes associated with the routine functional integrity of the cell (i.e. kallikrein, ubiquitin, and PRP) was unaffected. These findings, in addition to delayed gland dysfunction, leads us to believe that the irradiation induced injury to the submandibular glands is to be attributed to reproductive stem cell death which may be partly obliterated in the clinical setting by better understanding.

L10 ANSWER 18 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN  
 AN 93267033 EMBASE  
 DN 1993267033  
 TI Exocrine pancreatic secretion in man following one week of M1-muscarinic receptor blockade.  
 AU Malfertheiner P.; Nelson D.K.; Kemmer T.P.; Glasbrenner B.; Schneider A.; Ditschuneit H.  
 CS Medizinische Universitätsklinik, Abt. Innere Medizin/Gastroenterol., Sigmund-Freud-Strasse 25,D-5300 Bonn 1, Germany  
 SO Alimentary Pharmacology and Therapeutics, (1993) Vol. 7, No. 4, pp. 423-428. .  
 ISSN: 0269-2813 CODEN: APTHEN  
 CY United Kingdom  
 DT Journal; Article  
 FS 048 Gastroenterology  
 037 Drug Literature Index  
 038 Adverse Reactions Titles  
 LA English  
 SL English  
 ED Entered STN: 3 Oct 1993  
 Last Updated on STN: 3 Oct 1993  
 AB A double-blind, randomized, placebo-controlled crossover study was performed to assess the influence of one week of selective M1-muscarinic receptor blockade on pancreatic exocrine secretion in man. Ten healthy subjects received telenzepine (3 mg p.o.) and placebo each for 8 days, with a 6-day drug-free washout interval between treatment sequences. On

Day 8 of each sequence, pancreatic secretion was stimulated for 2 h by infusion of submaximal secretin (0.2 U.kg/h) followed by maximal stimulation with secretin (1.0 U.kg/h) and ceruletide ( 120 ng.kg/h). Telenzepine had no significant effect on secretory parameters during submaximal stimulation with secretin. During maximal stimulation, total protein, secretory volume, and output of amylase, trypsin and bicarbonate were unexpectedly increased by telenzepine. These findings might be partially explained by removal of the inhibitory influence of pancreatic polypeptide, which was depressed by telenzepine. Acute studies have shown that M1-receptor antagonists inhibit exocrine secretion. Our results suggest that adaptation of physiological mechanisms governing the exocrine pancreas may occur after one week of receptor blockade by a therapeutic dosage of telenzepine, to the extent that M1-blockade no longer inhibits secretion.

L10 ANSWER 19 OF 19 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN  
 AN 93188550 EMBASE  
 DN 1993188550  
 TI Metastatic carcinoid tumors and the malignant carcinoid syndrome.  
 AU Kvols L.K.; Reubi J.C.  
 CS Division of Medical Oncology, Mayo Clinic and Foundation, Rochester, MN 55905, United States  
 SO Acta Oncologica, (1993) Vol. 32, No. 2, pp. 197-201. .  
 ISSN: 0284-186X CODEN: ACTOEL  
 CY Norway  
 DT Journal; Conference Article  
 FS 006 Internal Medicine  
 014 Radiology  
 016 Cancer  
 023 Nuclear Medicine  
 048 Gastroenterology  
 037 Drug Literature Index  
 038 Adverse Reactions Titles  
 LA English  
 SL English  
 ED Entered STN: 8 Aug 1993  
 Last Updated on STN: 8 Aug 1993  
 AB Patients with metastatic carcinoid tumors and the malignant carcinoid syndrome have benefited immensely from diagnostic and therapeutic advances during the past decade. Magnetic resonance imaging and whole body scintigraphy with radiolabelled analogues of somatostatin have improved our ability to diagnose, detect, stage and follow response to therapy. Surgical, medical, and radiation therapy may all contribute to the management of these patients. This disease is variable in its presenting symptoms and the biologic behavior of the tumor. The spectrum of clinical manifestations varies depending upon the type and quantity of polypeptide hormones or biogenic amines being produced. Although the tumors are usually indolent in their growth, the more dedifferentiated or anaplastic tumors can be quite aggressive. Thanks to new treatments that are very effective in the subgroup of anaplastic neuroendocrine carcinomas it is vital to recognize this subset. As research scientists and clinicians we must be aware of the natural history of the disease in order to optimize each patient's treatment. This highly selective review focuses on studies performed in collaboration with Dr. Charles Moertel along with other colleagues at the Mayo Clinic, have done in the past few years.

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